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## RECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

DOCKET NO. NA01-001

As a below named Inventor, I hereby declare that:

the specification of which (check one)

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled <u>Wireless Audio Transmission System</u>

was filed on		
Application Serial No.		
(if I hereby state that I have reviewed and amended by any amendment referred to	applicable) understand the contents of the above.	ove Identified specification including the claims, as
I acknowledge the duty to disclose info 37, Code of Federal Regulations, §1.50	ormation which is material to the $6(a)$ .	xamination of this application in accordance with Title
I hereby claim foreign priority benefits inventor's certificate listed below and I a filing date before that of the applicati Prior Foreign Application(s)	under Title 35, United States Cod nave also identified below any fore on on which priority is claimed:	e §119 of any foreign application(s) for patent or ign application for patent or inventor's certificate havin
Thor Poteign Application(s)		Priority Claimed:
(Number)	(Country)	(Day/Month/Year Filed)
(Number)	(Country)	(Day/Month/Year Filed)
I hereby claim the benefit under Title 3 as the subject matter of each of the clai provided by the first paragraph of Title defined in Title 37, Code of Federal Renational or PCT international filing data	5, United States Code §120 of an ms of this application is not discide 35, United States Code, §112, 1 a gulations, §1.56(a) which occurre e of this application.	y United States application(s) listed below and, insofar sed in the prior United States application in the manner technowledge the duty to disclose material information ad between the filing date of the prior application and the
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Post Office Address